



MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor Name and Address: GLENN J. BRICKEN, PSY.D 25810 OAK RIDGE DR THE WOODLANDS, TX 77380	MFDR Tracking #: M4-10-1687-01 DWC Claim #: Injured Employee:
Respondent Name and Box #: TEXAS MUTUAL INSURANCE CO Box #:	Date of Injury: Employer Name: Insurance Carrier #:

PART II: REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: states in part, "...As noted by the Block 31 entry of the attached CMS-1500 form, a claim bearing these services was submitted to the TEXAS MUTUAL INSURANCE COMPANY...on Argentine Independence Day, July 9, 2009...On the date of September 16, 2009 it came to the Requestor's attention that this claim had never been processed by the Carrier. A bill resubmission was promptly made...Reimbursement was denied by the Carrier based upon an alleged timely filing issue...On October 13, 2009 the Requestor submitted a Request for Reconsideration...On October 30, 2009 the carrier took final action...The Carrier maintained its previously alleged timely filing issue...The Requestor would note that Medical Fee Dispute Resolution has for sometime held that the date printed in Block 31 of a CMS-1500 can be taken as a reliable submission dated based, or a de facto postmark...Requestor reiterates its point (from paragraph 3) that its Block 31 entry is Argentine Independence Day, July 9, 2009...the Requestor asks that Medical fee Dispute Resolution issue a Findings and Decision that the Requestor is entitled to reimbursement for the services discussed herein, as well as all fees, interest and any other relief to which the Requestor may be justly entitled.

Amount in Dispute: \$900.00

PART III: RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: No response was received from the Respondent.

PART IV: SUMMARY OF FINDINGS

<u>Dates of Service</u>	<u>Disputed Services</u>	<u>Calculations</u>	<u>Amount in Dispute</u>	<u>Amount Due</u>
05/19/2009	90801 96101	N/A	\$900.00	\$0.00
Total Due:				\$0.00

PART V: FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 of the Texas Workers' Compensation Act, and pursuant to all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

- 28 Tex. Admin. Code §133.307 sets out the procedures for health care providers to pursue a medical fee dispute.
- 28 Tex. Admin. Code §133.20 sets out the procedures for health care providers to submit workers' compensation medical bills for reimbursement.
- The services in dispute were reduced/denied by the respondent with the following reason codes:
Explanation of benefits dated 09/29/2009
 - CAC-29 – The time limit for filing has expired.
 - 731- 134.801 & 133.20 provider shall not submit a medical bill later than the 95th day after the date of service, for service on or after 9/1/05

Explanation of benefits dated 10/30/2009

- CAC- 24- No additional reimbursement allowed after review of appeal/reconsideration
- CAC-29- The time limit for filing has expired
- 731- 134.801 & 133.20 provider shall not submit a medical bill later than the 95th day after the date of service, for service on or after 9/1/05
- 891-The insurance company is reducing or denying payment after reconsideration.

Issues

1. Did the requestor submit the medical bill for the services in dispute timely and in accordance with 28 Tex. Admin. Code §133.20?
2. Did the requestor submit documentation to support the disputed bills were submitted timely in accordance with Texas Labor Code, Section §408.027 and §102.4?
3. Is the requestor entitled to reimbursement?

FINDINGS

1. Pursuant to 28 Tex. Admin. Code §133.20(b) states in pertinent part "Except as provided in Labor code §408.0272...a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided." No documentation was found to support that §408.0272 applies to the service in dispute, for that reason, the health care provider and requestor in this dispute were required to send the medical bill no later than 95 days after the service in dispute was provided. 28 Tex.Admin. Code §102.4(h) states "Unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on: (1) the date received, if sent by fax, personal delivery, or electronic transmission or, (2) the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus 5 days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal holiday."
2. Review of the documentation submitted by the requestor finds two EOR's dated, 09/29/2009 & 10/30/2009, two copies of the medical bill with the printed date, "07/09/09" in box 31. Also found was a copy of a narrative report dated, May 19,2009, a bill resubmission letter dated, September 16, 2009, a Requestor for Reconsideration letter dated, October 13, 2009 along with its U.S Postal Service Delivery Confirmation Receipt dated 10/17/2009 and a copy of MFDR Finding and Decision M4-06-6719-01. Although the date "07/09/09" was found in box 31 of the medical bill, no documentation was found to sufficiently support that the medical bill was submitted to the Respondent within 95 days from the date of service.
3. In Accordance with Tex. Lab. Code Ann. §408.027, the health care provider and requestor in this medical fee dispute has forfeited the right to reimbursement due to untimely submission of the medical bill for the service in dispute

Conclusion

For the reasons stated above, the division finds that the requestor has failed to establish that reimbursement is due. As a result, the amount ordered is \$0.00.

PART VI: ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Medical Fee Dispute Resolution Officer

12/15/2010

Date

PART VII: YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division rule at 28 Tex. Admin. Code §148.3(c).

Under Texas Labor Code § 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 rules if the total amount sought does not exceed \$2,000. If the total amount sought exceeds \$2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code §413.031.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.